

SECTION A Dover employee (parent, stepparent or legal guardian of the applicant) is to complete this section and submit completed form to his/her

## DOVER EMPLOYEE VERIFICATION FORM

Print Name of Person Approving Eligibility

Signature of Person Approving Eligibility

**Dover Operating Company** 

Human Resource Department for verification. Spouses of employees are not eligible to apply. Applicant Name Applicant Email Employee Name **Employee Phone Number Employee Email**  □ Stepparent\* ☐ Legal Guardian\* \*If the relationship is that of stepparent or legal guardian, the applicant must reside with the qualifying employee on a full-time basis. APPLICANT: DO NOT WRITE BELOW THIS LINE: -----SECTION B Employee's Local Human Resource Department is to complete this section. Please verify that the above named employee is currently working as a full-time employee of Dover Corporation or one of its operating companies with at least one year of continuous service in the previous five years. Further inquiry may be made after the application deadline to verify that the employee is still a full-time employee and has been employed for one year of continuous service as of the application deadline, February 24, 2025. Position Held HR Central Employee ID# Date of Hire I verify that the above information is correct and that the applicant is qualified to compete for the Dover Scholars Program based on this information.

Completed form should be submitted by February 24, 2025 to:

Email

State

Phone Number

Country

Title

City

Date Approved

Dover Scholars Program PO Box 648 Naperville, IL 60566 Fax: 630-428-2695

Email: info@doverfoundation.org